ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		19	36 11	
FORMALITY REVIEW	M	56. 569	3/13/01	
RESPONSE FORMALITY REVIEW	BM	₹x\	06-29-0	
		1 10		

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted O Objected								
Claim	Date	Claim	Date	Claim	Date			
Final C Original		Final		Final				
2 /		51 52		101				
. 3 /	 	53	 	103	1111			
41		54		104				
5 /	4-1-1-1-1-1	55		105				
6 /		57	- 	106	+-+			
3/		58		108	 			
9/		59		109				
1100		60		110				
11 /		62		111	 			
13 7	 - - - - - 	63		113	 - - - - -			
14/ 3		64		114				
15 / _		65		115				
16		66		116				
17 18		67		117	 			
19		69		119	++++			
20		70	 	120	 			
21		71		121	 			
22		72		122				
23		73		123				
24 25		74 75		124	 			
		76	 	126	++++			
26	 	77	* 	127	 			
28		78		128				
29		79		129				
30		80		130				
32		82		131	 			
33		83	 	133	++++			
34		84		134				
35		85		135				
36	 - - - - - 	86		136	1-1-1-1			
38		88	 	138	{-} 			
39	 	89		139	 			
45		90		140	1 1 1 1 1			
. 41		91		141				
42		92		142				
43	 	93		143				
44 45		94		144	+			
46	 	96		146	1 			
47		97		147	1- 			
48		98		148				
49		99		149	+			
50		100		150				

If more than 150 claims or 10 actions staple additional sheet here

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